

DEBTOR(S): Powell Valley Health Care, Inc.

**MONTHLY OPERATING REPORT**

CHAPTER 11

CASE NUMBER: 16-20326

**Form 2-A  
COVER SHEET**

For Period End Date: 02/28/2017

Accounting Method: ☒ Accrual Basis ☐ Cash Basis

**THIS REPORT IS DUE 21 DAYS AFTER THE END OF THE MONTH**

Mark One Box for Each  
Required Document:

Debtor must attach each of the following documents unless the U. S. Trustee  
has waived the requirement in writing. File the original with the Clerk of Court.  
Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet (Form 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement (Form 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedules (Form 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts (Redact all but last 4 digits of account number and remove check images)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts
<input type="checkbox"/>	<input type="checkbox"/>	9. Evidence of insurance for all policies renewed or replaced during month

***I declare under penalty of perjury that the following Monthly Operating Report, and any  
attachments thereto are true, accurate and correct to the best of my knowledge and belief.***

Executed on: 3/20/17

Print Name: Michael Long

Signature: 

Title: Chief Financial Officer

**DEBTOR(S)** Powell Valley Health Care, Inc. **CASE NO:** 16-20326

**Form 2-B**  
**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period: 02/01/2017 to 02/28/2017

**CASH FLOW SUMMARY**

	<u>Current Month</u>	<u>Accumulated</u>
<b>1. Beginning Cash Balance</b>	\$ <u>4,585,614</u> (1)	\$ <u>3,499,673</u> (1)
<b>2. Cash Receipts</b>		
Operations	2,582,401	36,819,108
Sale of Assets	0	0
Loans/advances	0	0
Other	0	2,170
<b>Total Cash Receipts</b>	\$ <u>2,582,401</u>	\$ <u>36,821,278</u>
<b>3. Cash Disbursements</b>		
Operations	3,489,036	36,295,397
Debt Service/Secured loan payment	0	0
Professional fees/U.S. Trustee fees	0	0
Professional fees paid from retainer (e.g. COLTAF accts)	0	0
Other	0	346,575
<b>Total Cash Disbursements</b>	\$ <u>3,489,036</u>	\$ <u>36,641,972</u>
<b>4. Net Cash Flow (Total Cash Receipts less     Total Cash Disbursements)</b>	<u>-906,635</u>	<u>179,306</u>
<b>5 Ending Cash Balance (to Form 2-C)</b>	\$ <u>3,678,979</u> (2)	\$ <u>3,678,979</u> (2)

**CASH BALANCE SUMMARY**

	<u>Financial Institution</u>	<u>Book Balance</u>
Petty Cash	<u>Powell Valley Healthcare</u>	\$ 2,170
DIP Operating Account	<u>1st Bank Wyo 8425</u>	-88,908
DIP State Tax Account	<u></u>	0
DIP Payroll Account	<u>1st Bank Wyo 4501</u>	-574,875
Other Operating Account	<u>1st Bank Wyo See form 2G</u>	4,340,592
Retainers held by professionals (i.e. COLTAF)	<u></u>	0
<b>TOTAL (must agree with Ending Cash Balance above)</b>		\$ <u>3,678,979</u> (2)

(1) Accumulated beginning cash balance is the cash available at the commencement of the case and retainers.  
Current month beginning cash balance should equal the previous month's ending balance.

(2) All cash balances should be the same.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO:

16-20326

**Form 2-B**  
**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period: 02/01/2017 to 02/28/2017

**CASH RECEIPTS DETAIL**

**Account No:**

**7301**

*(attach additional sheets as necessary)*

Date	Payer	Description	Amount
02/01/2017	Medicare EFT	Patient/Resident account	25,829.41
02/01/2017	Aetna/Blue Cross	Patient/Resident account	0.00
02/01/2017	Cigna	Patient/Resident account	0.00
02/01/2017	Other Commercial	Patient/Resident account	5,255.44
02/01/2017	Other	Cash payments	2,718.47
02/01/2017	Other EFT	Patient/Resident account	14,385.11
02/02/2017	Medicare EFT	Patient/Resident account	3,625.20
02/02/2017	Aetna/Blue Cross	Patient/Resident account	0.00
02/02/2017	Cigna	Patient/Resident account	0.00
02/02/2017	Other Commercial	Patient/Resident account	2,443.96
02/02/2017	Other	Cash payments	14,655.55
02/02/2017	Other EFT	Patient/Resident account	37,162.07
02/03/2017	Medicare EFT	Patient/Resident account	123,517.95
02/03/2017	Aetna/Blue Cross	Patient/Resident account	0.00
02/03/2017	Cigna	Patient/Resident account	2,478.55
02/03/2017	Other Commercial	Patient/Resident account	2,876.21
02/03/2017	Other	Cash payments	51,955.85
02/03/2017	Other EFT	Patient/Resident account	78,843.19
02/06/2017	Medicare EFT	Patient/Resident account	10,566.97
02/06/2017	Aetna/Blue Cross	Patient/Resident account	8,490.94
02/06/2017	Cigna	Patient/Resident account	55,115.93
02/06/2017	Other Commercial	Patient/Resident account	14,193.50
02/06/2017	Other	Cash payments	39,218.16
02/06/2017	Other EFT	Patient/Resident account	50,124.01
02/07/2017	Medicare EFT	Patient/Resident account	15,026.23
02/07/2017	Aetna/Blue Cross	Patient/Resident account	30,865.89
02/07/2017	Cigna	Patient/Resident account	8,980.11
02/07/2017	Other Commercial	Patient/Resident account	107,377.00
02/07/2017	Other	Cash payments	13,185.55
02/07/2017	Other EFT	Patient/Resident account	6,722.65
02/08/2017	Medicare EFT	Patient/Resident account	5,199.85
02/08/2017	Aetna/Blue Cross	Patient/Resident account	0.00
02/08/2017	Cigna	Patient/Resident account	1,826.50
02/08/2017	Other Commercial	Patient/Resident account	498.78
02/08/2017	Other	Cash payments	7,700.55
02/08/2017	Other EFT	Patient/Resident account	93,093.45
02/09/2017	Medicare EFT	Patient/Resident account	18,350.56
02/09/2017	Aetna/Blue Cross	Patient/Resident account	0.00
02/09/2017	Cigna	Patient/Resident account	0.00
02/09/2017	Other Commercial	Patient/Resident account	16,548.31
02/09/2017	Other	Cash payments	34,681.74
02/09/2017	Other EFT	Patient/Resident account	16,531.42
02/10/2017	Medicare EFT	Patient/Resident account	12,237.76
02/10/2017	Aetna/Blue Cross	Patient/Resident account	0.00
02/10/2017	Cigna	Patient/Resident account	2,306.66
02/10/2017	Other Commercial	Patient/Resident account	14,923.08
02/10/2017	Other	Cash payments	4,527.52
02/10/2017	Other EFT	Patient/Resident account	42,511.54
02/13/2017	Medicare EFT	Patient/Resident account	9,963.51
02/13/2017	Aetna/Blue Cross	Patient/Resident account	14,847.27
02/13/2017	Cigna	Patient/Resident account	0.00
02/13/2017	Other Commercial	Patient/Resident account	10,810.21
02/13/2017	Other	Cash payments	18,421.69
02/13/2017	Other EFT	Patient/Resident account	85,245.38
02/14/2017	Medicare EFT	Patient/Resident account	11,385.43



DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO:

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**Form 2-B**  
**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period: 02/01/2017 to 02/28/2017

**CASH RECEIPTS DETAIL**

*(attach additional sheets as necessary)*

Account No:

**7301**

Date	Payer	Description	Amount
02/14/2017	Aetna/Blue Cross	Patient/Resident account	104,695.41
02/14/2017	Cigna	Patient/Resident account	0.00
02/14/2017	Other Commercial	Patient/Resident account	106,611.32
02/14/2017	Other	Cash payments	15,029.07
02/14/2017	Other EFT	Patient/Resident account	3,883.80
02/15/2017	Medicare EFT	Patient/Resident account	8,890.91
02/15/2017	Aetna/Blue Cross	Patient/Resident account	0.00
02/15/2017	Cigna	Patient/Resident account	15,483.60
02/15/2017	Other Commercial	Patient/Resident account	13,052.22
02/15/2017	Other	Cash payments	1,151.66
02/15/2017	Other EFT	Patient/Resident account	12,641.58
02/16/2017	Medicare EFT	Patient/Resident account	8,293.82
02/16/2017	Aetna/Blue Cross	Patient/Resident account	0.00
02/16/2017	Cigna	Patient/Resident account	0.00
02/16/2017	Other Commercial	Patient/Resident account	13,176.00
02/16/2017	Other	Cash payments	3,685.16
02/16/2017	Other EFT	Patient/Resident account	73,276.46
02/17/2017	Medicare EFT	Patient/Resident account	9,789.85
02/17/2017	Aetna/Blue Cross	Patient/Resident account	0.00
02/17/2017	Cigna	Patient/Resident account	0.00
02/17/2017	Other Commercial	Patient/Resident account	57,241.41
02/17/2017	Other	Cash payments	30,301.54
02/17/2017	Other EFT	Patient/Resident account	7,263.95
02/20/2017	Medicare EFT	Patient/Resident account	13,536.56
02/20/2017	Aetna/Blue Cross	Patient/Resident account	2,691.35
02/20/2017	Cigna	Patient/Resident account	15,018.32
02/20/2017	Other Commercial	Patient/Resident account	26,685.18
02/20/2017	Other	Cash payments	0.00
02/20/2017	Other EFT	Patient/Resident account	0.00
02/21/2017	Medicare EFT	Patient/Resident account	20,622.14
02/21/2017	Aetna/Blue Cross	Patient/Resident account	49,493.42
02/21/2017	Cigna	Patient/Resident account	4,498.13
02/21/2017	Other Commercial	Patient/Resident account	28,791.90
02/21/2017	Other	Cash payments	33,889.63
02/21/2017	Other EFT	Patient/Resident account	100,554.19
02/22/2017	Medicare EFT	Patient/Resident account	5,860.37
02/22/2017	Aetna/Blue Cross	Patient/Resident account	0.00
02/22/2017	Cigna	Patient/Resident account	23,936.24
02/22/2017	Other Commercial	Patient/Resident account	34,311.43
02/22/2017	Other	Cash payments	27,929.58
02/22/2017	Other EFT	Patient/Resident account	37,533.12
02/23/2017	Medicare EFT	Patient/Resident account	75,982.73
02/23/2017	Aetna/Blue Cross	Patient/Resident account	0.00
02/23/2017	Cigna	Patient/Resident account	0.00
02/23/2017	Other Commercial	Patient/Resident account	0.00
02/23/2017	Other	Cash payments	3,157.90
02/23/2017	Other EFT	Patient/Resident account	29,091.90
02/24/2017	Medicare EFT	Patient/Resident account	25,480.17
02/24/2017	Aetna/Blue Cross	Patient/Resident account	0.00
02/24/2017	Cigna	Patient/Resident account	0.00
02/24/2017	Other Commercial	Patient/Resident account	3,300.47
02/24/2017	Other	Cash payments	16,486.54
02/24/2017	Other EFT	Patient/Resident account	18,031.85
02/27/2017	Medicare EFT	Patient/Resident account	43,805.44
02/27/2017	Aetna/Blue Cross	Patient/Resident account	24,084.13

DEBTOR(S): Powell Valley Health Care, Inc.

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**Form 2-B**  
**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period: 02/01/2017 to 02/28/2017

**CASH RECEIPTS DETAIL**

Account No:

**7301**

*(attach additional sheets as necessary)*

Date	Payer	Description	Amount
02/27/2017	Cigna	Patient/Resident account	2,205.01
02/27/2017	Other Commercial	Patient/Resident account	37,087.43
02/27/2017	Other	Cash payments	6,428.16
02/27/2017	Other EFT	Patient/Resident account	53,775.51
02/28/2017	Medicare EFT	Patient/Resident account	81,645.99
02/28/2017	Aetna/Blue Cross	Patient/Resident account	0.00
02/28/2017	Cigna	Patient/Resident account	20,026.15
02/28/2017	Other Commercial	Patient/Resident account	19,159.77
02/28/2017	Other	Cash payments	41,123.65
02/28/2017	Other EFT	Patient/Resident account	24,483.39

**Total Cash Receipts**

\$ 2,582,400.62 (1)

(1) Total for all accounts should agree with total cash receipts listed on Form 2-B, page 1

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DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

**Form 2-B**  
**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**  
 For Period: 02/01/2017 to 02/28/2017

**CASH DISBURSEMENTS DETAIL**  
*(attach additional sheets as necessary)*

Account No:

# 8425

Date	Check No.	Payee	Description (Purpose)	Amount
02/02/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	627,479.74
02/02/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	12,535.85
02/03/17	EFT	Electronic Funds Transfer	Trsf to pension act 7901	63,456.54
02/06/17	EFT	Electronic Funds Transfer	FICA payroll taxes	135,040.76
02/06/17	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	136,715.02
02/06/17	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	89,439.24
02/08/17	EFT	Electronic Funds Transfer	Montana state tax	969.00
02/13/17	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	105,383.21
02/16/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	602,462.97
02/16/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	8,322.90
02/20/17	EFT	Electronic Funds Transfer	Trsf to pension act 7901	62,461.54
02/20/17	EFT	Electronic Funds Transfer	FICA payroll taxes	126,820.76
02/20/17	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	120,494.92
02/21/17		Accounts Payable checks	Void	0.00
02/21/17	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	25,447.09
02/23/17	EFT	Electronic Funds Transfer	Montana state tax	957.00
02/28/17	1064	First Bank of Wyoming	Interest	3,000.00
	EFT	Electronic Funds Transfer	Trsf to HRA/Flex Spending act 3101	
	4878-5284	Accounts Payable checks	See attached check register	1,368,049.18
<b>Total Cash Disbursements</b>				<b>\$ 3,489,035.72 (1)</b>

(1) Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

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**Form 2-C**  
**COMPARATIVE BALANCE SHEET**

**For Period Ended:** 02/28/2017

	Current Month	Petition Date (1)
<b>ASSETS</b>		
<b>Current Assets:</b>		
Cash (from Form 2-B, line 5)	\$ 3,678,979	\$ 4,255,881
Accounts Receivable (from Form 2-E)	8,538,846	8,383,526
Receivable from Officers, Employees, Affiliates	0	0
Inventory	768,163	757,444
Other Current Assets : (List) <u>Pre-paid Expense</u>	1,142,508	865,872
<u>Receivable from legal settlements</u>	11,450,000	11,450,000
<b>Total Current Assets</b>	<b>\$ 25,578,496</b>	<b>\$ 25,712,723</b>
<b>Fixed Assets:</b>		
Land	\$ 0	\$ 0
Building	694,434	694,434
Equipment, Furniture and Fixtures	10,056,575	9,997,873
<b>Total Fixed Assets</b>	<b>10,751,009</b>	<b>10,692,307</b>
Less: Accumulated Depreciation	( 8,799,974 )	( 8,254,973 )
<b>Net Fixed Assets</b>	<b>\$ 1,951,035</b>	<b>\$ 2,437,334</b>
Other Assets (List): _____	0	0
_____	0	0
<b>TOTAL ASSETS</b>	<b>\$ 27,529,531</b>	<b>\$ 28,150,057</b>
<b>LIABILITIES</b>		
Post-petition Accounts Payable (from Form 2-E)	\$ 1,310,511	\$ 1,167,152
Post-petition Accrued Profesional Fees (from Form 2-E)	178,369	250,000
Post-petition Taxes Payable (from Form 2-E)	337,943	172,650
Post-petition Notes Payable	133,236	128,056
Other Post-petition Payable(List): <u>see schedul 2G liab</u>	3,017,843	3,405,269
<u>Legal claim reserve</u>	11,750,000	11,750,000
<b>Total Post Petition Liabilities</b>	<b>\$ 16,727,902</b>	<b>\$ 16,873,127</b>
<b>Pre Petition Liabilities:</b>		
Secured Debt	1,049,865	1,153,923
Priority Debt	0	0
Unsecured Debt	912,547	1,415,297
<b>Total Pre Petition Liabilities</b>	<b>\$ 1,962,412</b>	<b>\$ 2,569,220</b>
<b>TOTAL LIABILITIES</b>	<b>\$ 18,690,314</b>	<b>\$ 19,442,348</b>
<b>OWNERS' EQUITY</b>		
Owner's/Stockholder's Equity	\$ 0	\$ 0
Retained Earnings - Prepetition	8,691,606	8,691,606
Retained Earnings - Post-petition	147,611	16,103
<b>TOTAL OWNERS' EQUITY</b>	<b>\$ 8,839,217</b>	<b>\$ 8,707,709</b>
<b>TOTAL LIABILITIES AND OWNERS' EQUITY</b>	<b>\$ 27,529,531</b>	<b>\$ 28,150,057</b>

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

**DEBTOR(S):** Powell Valley Health Care, Inc.

**CASE NO:** 16-20326

**Form 2-D  
PROFIT AND LOSS STATEMENT**

**For Period** 02/01/2017 **to** 02/28/2017

	<u>Current Month</u>	<u>Accumulated Total (1)</u>
Gross Operating Revenue	\$ 6,024,843	\$ 58,018,908
Less: Discounts, Returns and Allowances	( 2,516,037 )	( 22,552,473 )
<b>Net Operating Revenue</b>	<b>\$ 3,508,806</b>	<b>\$ 35,466,435</b>
Cost of Goods Sold	<u>2,877,708</u>	<u>31,200,131</u>
<b>Gross Profit</b>	<b>\$ 631,098</b>	<b>\$ 4,266,304</b>
Operating Expenses		
Officer Compensation	\$ 12,928	\$ 138,637
Selling, General and Administrative	0	0
Rents and Leases	75,391	795,395
Depreciation, Depletion and Amortization	61,363	581,972
Other (list): <u>Repairs</u>	80,888	528,719
<u>Insurance</u>	<u>56,712</u>	<u>549,019</u>
<b>Total Operating Expenses</b>	<b>\$ 287,282</b>	<b>\$ 2,593,742</b>
<b>Operating Income (Loss)</b>	<b>\$ 343,816</b>	<b>\$ 1,672,562</b>
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ 0	\$ 0
Gains (Losses) on Sale of Assets	0	0
Interest Income	0	0
Interest Expense	-6,736	-42,887
Other Non-Operating Income	<u>0</u>	<u>0</u>
<b>Net Non-Operating Income or (Expenses)</b>	<b>\$ -6,736</b>	<b>\$ -42,887</b>
Reorganization Expenses		
Legal and Professional Fees	\$ 285,021	\$ 1,482,064
Other Reorganization Expense	<u>0</u>	<u>0</u>
<b>Total Reorganization Expenses</b>	<b>\$ 285,021</b>	<b>\$ 1,482,064</b>
<b>Net Income (Loss) Before Income Taxes</b>	<b>\$ 52,059</b>	<b>\$ 147,611</b>
Federal and State Income Tax Expense (Benefit)	<u>0</u>	<u>0</u>
<b>NET INCOME (LOSS)</b>	<b>\$ 52,059</b>	<b>\$ 147,611</b>

(1) Accumulated Totals include all revenue and expenses since the petition date.

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DEBTOR(S):

Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 1 of 2)  
SUPPORTING SCHEDULES

For Period: 02/01/2017 to 02/28/2017

Summary of Post-Petition Taxes				
Type of tax	1	2	3	4
	Unpaid post-petition taxes from prior reporting month(1)	Post-petition taxes accrued this month (new obligations)	Post-petition tax payments made this reporting month	Unpaid post-petition taxes at end of reporting month (columns 1+2-3)
<b>Federal</b>				
Employee income tax withheld	136,715	231,662	257,210	111,167
Employee FICA taxes withheld	67,521	124,754	130,931	61,344
Employer FICA taxes	67,521	124,754	130,931	61,344
Unemployment taxes				
Other:				
<b>State</b>				
Sales, use & excise taxes	225	45		270
Unemployment taxes				
Other: Worker Compensation	57,158	46,659		103,817
<b>Local</b>				
Personal property taxes				
Real property taxes				
Other:				
<b>Total unpaid post-petition taxes</b>				<b>337,943</b>

(1) For first report, the beginning balance in column 1 will be \$0; thereafter, beginning balance will be ending balance from prior report.

Insurance Coverage Summary				
Type of insurance	Insurance carrier	Coverage amount	Policy expiration date	Premium paid through date
Workers' compensation	State of Wyoming	Not Applicable	Not Applicable	Not Applicable
General liability	National Fire & Risk/AB Risk, USI Insurance Service	\$1M/\$5M \$5M Umbrella	08/01/2017	03/31/2017
Property (fire, theft, etc.)	Affiliated FM Insurance Company, USI Insurance Service	Bldg \$100m Flood \$75m	08/01/2017	07/31/2017
Vehicle	National Indemnity Company/RPS, Ohio Security Insurance, USI Insurance Service	\$1M auto & \$1m Ambular	08/01/2017	07/31/2017
Other (list): Director & Officer Liability	Darwin National Assurance Co., USI Insurance Service	\$2m	09/07/2017	09/07/2017
Other (list): Internet/Cyber Liability	NAS/Lloyd's of London, USI Insurance Service	\$1m/claim \$1m/agg	09/01/2017	09/01/2017
Other (list): Crime	Travelers Casualty and Surety, USI Insurance Service	\$500,000	08/01/2017	07/31/2017
If any policies were renewed or replaced during reporting period, attach new certificate of insurance.				

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 2 of 2)  
SUPPORTING SCHEDULES

For Period: 02/01/2017 00:00 to 02/28/2017 00:00

Accounts Receivable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Pre-petition receivables				402,996	402,996
Post-petition receivables	3,373,980	2,466,861	845,372	1,449,637	8,135,850
Total	3,373,980	2,466,861	845,372	1,852,633	8,538,846

Post-Petition Accounts Payable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Trade Payables	450,792	46,369	2,414	738,117	1,237,692
Other Payables	47,741	4,350	4,350	16,378	72,819
Total	498,533	50,719	6,764	754,495	1,310,511

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS					
	Month-end Retainer Balance	Current Month's Accrual	Paid in Current Month	Court Approval Date	Month-end Balance Due *
Debtor's Counsel	\$159,533				\$159,533
Counsel for Unsecured					
Creditors' Committee	27,403	50,732	59,299	2/8 & 2/6	\$18,836
Trustee's Counsel					
Accountant		6,147	6,147	2/2/17	
Other: CKKK		208	208	2/2/17	
Total	186,936	57,087	65,654		178,369

\*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**			
Payee Name	Position	Nature of Payment	Amount
Michael Long	Chief Financial Officer	Salary/Wages	12,928

\*\*List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer, or director.



DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

**Form 2-F**  
**QUARTERLY FEE SUMMARY \***  
**For the Month Ended:** 02/28/2017

<u>Month</u>	<u>Year</u>	<u>Cash Disbursements **</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date Paid</u>
January	<u>20 17</u>	\$ 3,828,457			
February	<u>20 17</u>	3,489,036			
March	<u>20 17</u>	0			
<b>TOTAL 1st Quarter</b>	<b>\$</b>	<b><u>7,317,493</u></b>			
April	<u>20 16</u>	\$ 0			
May	<u>20 16</u>	1,330,126			
June	<u>20 16</u>	3,481,838			
<b>TOTAL 2nd Quarter</b>	<b>\$</b>	<b><u>4,811,964</u></b>	<b>325</b>	<b>2,551</b>	<b>07/19/16</b>
			<b>10,075</b>	<b>2,919</b>	<b>08/22/16</b>
July	<u>20 16</u>	\$ 4,385,351			
August	<u>20 16</u>	4,176,264			
September	<u>20 16</u>	3,938,695			
<b>TOTAL 3rd Quarter</b>	<b>\$</b>	<b><u>12,500,310</u></b>	<b>13,000</b>	<b>3,605</b>	<b>10/18/16</b>
October	<u>20 16</u>	\$ 4,223,353			
November	<u>20 16</u>	3,742,311			
December	<u>20 16</u>	4,046,540			
<b>TOTAL 4th Quarter</b>	<b>\$</b>	<b><u>12,012,204</u></b>	<b>13,000</b>	<b>4,766</b>	<b>01/18/17</b>

**FEE SCHEDULE (as of JANUARY 1, 2008)**

*Subject to changes that may occur to 28 U.S.C. §1930(a)(6)*

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999.....	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more	\$30,000

\* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period

\*\* Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts

*Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]*

*In addition, unpaid fees are considered a debt owed to the United States and will be assessed interest under 31 U.S.C. §3717*

Rev. 1/15/14



**DEBTOR(S)** Powell Valley Health Care, Inc.

**CASE NO:** 16-20326

**Form 2-G  
NARRATIVE**

**For Period Ending:** 02/28/2017

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

**FORM 2B-1 Line 50**, Cash Accounts are made up of General Checking #7301, EBMS Checking #6301, Flex Spending #3101, Care Center Resident Trust #2088, Employee Benefit #5601, and Pension #7901. Form 2B-3 Cash Disbursements other is for vendor deposits made during the period. **Form 2C-Liabilities**, line 38 Other Payables, this line is made up of accrued Provider Incentives \$260,905, Accrued Payroll \$242,040, 3rd Party Receivable/Payable (Medicare Cost Report Settlement) \$(266,117), Assisted Living Room Retainer \$34,500, NH Resident Trust \$6,028, Donations \$508, and Accrued Benefits \$2,739,979. **Form 2D** Officer compensation equals the amount listed on Form 2E. Rent, Depreciation, Interest, Repairs, and Insurance come from facility income statement, all other expenses is combined into cost of goods sold. **Form 2-E pg 2** "Accountant" fees are for Casey Peterson & Associates for audit and form 990 preparation fees of \$6,146.88. "Other" fees are for Copenhagen, Kath, Kitchen, & Kolpitcke for non-chapter 11 hospital legal counsel of \$208.00.